# What is the Knowledge and Risk Perception on Sexually Transmitted **Infections (STIs) in Adolescents in Latin America**

Authors: Escobar de Fernández, ME<sup>1</sup>; Salazar Santos, G<sup>2.1</sup>PAG Buenos Aires, Argentina. <sup>2</sup>PAG Bogota, Colombia.

# **Objectives:**

- To compare and contrast knowledge about STI among adolescents of six Latin American countries.

- To determine risk perception of STIs transmission on behalf of the care in sexual behavior observed among adolescents of six Latin American countries.

# Variables considered:

- Sexual activity:

- First sexual intercourse: age, use of contraception.
- Current sexual activity: current use of contraceptives, use of condom,

number of sexual partners, concern about pregnancy.

# Methods:

Prospective cross-sectional study in 6000 schooled adolescents aged 14 to 21, from six Latin American countries: Argentina, Colombia, Ecuador, Mexico, Peru and Venezuela, (1000 by country), using self-answered surveys. The poll was approved by the Bioethics Committee of Universidad del Rosario de Bogota. Confidentiality was guaranteed. Data were processed using SPSS V.12. Analysis of frequencies and percentages were used for the description of qualitative variables; central tendency and dispersion measures were calculated for quantitative variables. We used Independence Tests, Student's test, Variance Analysis and Scheffe's tests. After inclusion and exclusion criteria 5250 polls were analysed. Population: Average age 16.76; 44% males, 56% females.

- Knowledge about STIs

- Concern about getting infected

- Care to avoid STIs infection

- Knowledge about non sexual ways of getting infected

- Sources of information

### **Results:**

- 47% had had sexual intercourse

- Age at First Sexual Intercourse: median 15.5







Use of a contraceptive method at first sexual intercourse (FSI) - Globally 60.9% of males and 64.7% of females used contraception. - Globally, 59.57% had used condoms, 3,2% oral contraceptives, below than 1% condoms plus spermicides, condom plus oral contraceptives or emergency contraception.

### Number of partners by gender:

Use of a contraceptive method

- Males: 3,12 (SD 2,484)







Care observed to avoid getting infected (Total Population) Oral Condom + OC contraceptives 0,4% Abstinence 2,9% Condom Monogamy Oral contraceptives 9,2% □ CondOM + OC Information 1,1% Monogamy None Information 5,5% Condom None 62,7% Hygiene Hygiene 0,9% Abstinence 17,3%

**Concern about the contagion of an STI?** 

73.9% of adolescents are concerned

# **Concern about pregnancy?**

- Globally 63.1% concerned
- Equal for both sexes.
- Differences by countries: three groups are defined: Colombia,

concorned about program (Maxico Argentina Ecuador pumber of covul partners  $\mathbf{OO} \mathbf{CO}$ 

### **Contagion by other ways**

- 77.2% through blood or syringes
- No reference to vertical transmission of STIs

# **Knowledge of STIs**

- 93.2% knew one or more STI
- No differences when considering sexual activity or

Source of information			80.6% concerned about pregnancy, Mexico, Argentina, Ecuador	number of sexual partners
		ion	and Peru 60 - 72%, Venezuela 45.8%. p<0.001	- HIV 90%
	School 75.8%	Friends 14%		- Syphilis 46.3%; gonorrhoeae 41.5%
	Family 27%	Doctors 8%		- HSV, HBV, Chlamydia < 15%
	Media 20%			

# **Conclusions:**

- In all countries the adolescents say they know about STIs in a high percentage, which is certainly necessary but not enough to prevent risky behaviours in sexuality.

Perception of knowledge is high respect to the evidence of care observed.

- Attitudes of care in sexuality don't follow the concern they say they have regarding undesired pregnancy or STIs. This shows deformations in risk perception, associated to

the characteristic omnipotence adolescents feel, and to the distortion of cognitive process itself, which allows myths and mistaken beliefs.

- Occasional use of condom is a fact to be concerned about in Latin American adolescents.

- There is almost complete absence of knowledge about mother-to-child transmission of STIs, which is common to all the regions analyzed.

- Only through a continuous, interdisciplinary approach, individually-based, taking into account subjectivity, training in moral values, adequate to the adolescent language, focusing in shared responsibility, using psychic strength as a tool to avoid inequity situations, mainly related to gender, with the promotion of shared

responsibility, shall will be able to improve this reality.